|  | Application or Docket Number                   |   |                   |                              |                              |                  |          |                     |                        |          |                     |                        |  |
|--|--|---|-------------------|------------------------------|------------------------------|------------------|----------|---------------------|------------------------|----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                              |  |   |                   |                              |                              |                  |          |                     |                        |          |                     |                        |  |
| Effective October 1, 2000  |  |   |                   |                              |                              |                  |          | 09851514/10008147-1 |                        |          |                     |                        |  |
| CLAIMS AS FILED - PART I   |  |   |                   |                              |                              |                  |          | SMALL ENTITY        |                        |          | OTHER THAN          |                        |  |
| 70   |  |   | (Column           | 1) ·                         | (Column 2)                   |                  |          | TYPE                |                        | OR       | OR SMALL ENTITY     |                        |  |
| TOTAL CLAIMS   |  |   | 20                |                              |                              |                  |          | RATE                | FEE                    |          | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED      |                              | NUMBER EXTRA                 |                  |          | BASIC FEE           | 355.00                 | OR       | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | ) minus 20=       |                              | . 6                          |                  |          | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | 3 mir             | nus 3 =                      | -0                           |                  |          | X40=                | * ve                   | ÖR       | X80=                |                        |  |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PR                             | RESENT            |                              |                              |                  |          | +135=               |                        | OR       | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                   |                              |                              |                  |          | TOTAL               |                        | OR       | TOTAL               | 710                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |                   |                              |                              |                  |          | 1                   |                        | •        | OTHER               |                        |  |
|  | (Column 1) (Column 2) (C                       |   |                   |                              |                              |                  |          | SMALL               | ENTITY                 | OR       | SMALL               | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI<br>PAID | IBER<br>OUSLY                | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus             | **                           |                              | =                |          | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus             | ***                          | T 61 AINA                    | =                |          | X40=                |                        | OR       | X80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                              |                              |                  | <b>J</b> | +135=               |                        | OR       | +270=               |                        |  |
|  |  |   |                   |                              |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OR       | TOTAL<br>ADDIT, FEE |                        |  |
|  |  | (Column 1)                                |                   | (Colu                        | mn 2)                        | (Column 3)       |          | ADDII. FEE          |                        | 4        | ADDII.I EE          |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus             | **                           |                              | =                | 1 [      | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus             | ***                          |                              | =                | ]        | X40=                |                        | OR       | X80=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                              |                              |                  |          | +135=               |                        |          | +270=               |                        |  |
|  |  |   |                   |                              |                              |                  |          | TOTAL               |                        | OR<br>OR | TOTAL               |                        |  |
|  |  |   |                   |                              |                              |                  |          | ADDIT. FEE          | · · · · · · · ·        | lou.     | ADDIT. FEE          | <b>.</b>               |  |
|  |  | (Column 1)<br>CLAIMS                      |                   |                              | mn 2)<br>HEST                | (Column 3)       | )<br>1 r |                     |                        | 1 1      |                     |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREV                         | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus             | **                           |                              | =                | ┨┃       | X\$ 9=              |                        | OR       | X\$18=              | ;<br> <br>             |  |
|  | Independent                                    |   | Minus             | ***                          | ,                            | <u>  </u>        | ╽╽       | X40=                |                        | OR       | X80=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                              |                              |                  | J ∤      | .105                |                        |          | +270=               |                        |  |
|  | If the entry in colu                           | ımn 1 is less than t                      | the entry in colu | ımn 2. wrii                  | te "0" in co                 | olumn 3.         | L        | +135=               |                        | OR       | `                   |                        |  |
| **   | If the "Highest Nu                             | imber Previously P<br>imber Previously F  | aid For IN THI    | S SPACE                      | is less tha                  | an 20, enter "20 | )." /    | TOTAL<br>ADDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | mber Previously Pa                        |                   |                              |                              |                  | er fou   | and in the app      | propriate bo           | x iņ co  | lumn 1.             |                        |  |